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## FACSIMILE COVER SHEET

DATE: **October 20, 2005**

TO: **Examiner HURL, Joseph P.**  
**USPTO GPAU 2129**

FAX NO.: **571-273-8300**

FROM: **John R. Schell** *[Signature]*  
**Reg. No. 50,776**

RE: **ISSUE FEE PAYMENT - PLEASE FORWARD TO PUBLICATIONS**

U.S. APP NO.: **09/690,354**

FILING DATE: **10/17/2000**

APPLICANT(S): **Risto Miikkulainen et al.**

ATTY DKT NO.: **1039-0020**

TITLE: **SYSTEMS AND METHODS FOR ADAPTIVE MEDICAL  
DECISION SUPPORT**

NO. OF PAGES (INCL. COVER SHEET): **15**

### MESSAGE:

Attached please find:

- ☒ PTO/SB/21 Transmittal Form (1 pg.)
- ☒ PTOL 85-B Issue Fee Transmittal (1 pg.)
- ☒ Amendment After Allowance (§1.312 - 12 pgs.)

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PTO/SB/21 (09-04)

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/690,354	
	Filing Date	10/17/2000	
	First Named Inventor	Risto Miikkulainen	
	Art Unit	2129	
	Examiner Name	HIRL, Joseph P.	
Total Number of Pages in This Submission	14	Attorney Docket Number	1039-0020

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form PTOL85-B Issue Fee <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input checked="" type="checkbox"/> After Allowance Communication to TC Amendment After Allowance (37 C.F.R. §1.312) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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